

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Petition to Revoke  
Probation Against:**

**ARMEN KAZANCHIAN, M.D.**

**Physician's and Surgeon's  
Certificate No. A53993**

**Respondent**

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**Case No. 800-2018-040724**

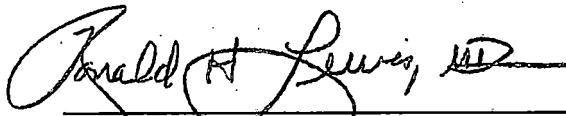
**DECISION**

**The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on November 15, 2018.**

**IT IS SO ORDERED: October 16, 2018.**

**MEDICAL BOARD OF CALIFORNIA**



**Ronald Lewis, M.D., Chair  
Panel A**

1 XAVIER BECERRA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 CHRISTINE R. FRIAR  
Deputy Attorney General  
4 State Bar No. 228421  
California Department of Justice  
5 300 So. Spring Street, Suite 1702  
Los Angeles, CA 90013  
6 Telephone: (213) 269-6472  
Facsimile: (213) 897-9395  
7 *Attorneys for Complainant*

8  
9 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12  
13 In the Matter of the Petition to Revoke  
Probation Against:

14 **ARMEN KAZANCHIAN, M.D.**  
15 1101 N. Pacific Avenue, #103  
Glendale, CA 91202

16 Physician's and Surgeon's Certificate  
17 No. A 53993,

18 Respondent.

OAH No. 2018050953

Case No. 800-2018-040724

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

19  
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
24 of California (Board). She brought this action solely in her official capacity and is represented in  
25 this matter by Xavier Becerra, Attorney General of the State of California, by Christine R. Friar,  
26 Deputy Attorney General.

27 2. Respondent Armen Kazanchian, M.D. (Respondent) is represented in this proceeding  
28 by attorney Tracy Green, Esq., whose address is: 800 West 6th Street, Suite 450, Los Angeles,

1 CA 90017.

2 3. On or about March 1, 1995, the Board issued Physician's and Surgeon's Certificate  
3 No. A 53993 to Armen Kazanchian, M.D. (Respondent). The Physician's and Surgeon's  
4 Certificate was in full force and effect at all times relevant to the charges brought in Petition to  
5 Revoke Probation No. 800-2018-040724, and will expire on March 31, 2019, unless renewed.

6 **JURISDICTION**

7 4. Petition to Revoke Probation No. 800-2018-040724 was filed before the Board, and is  
8 currently pending against Respondent. The Petition to Revoke Probation and all other statutorily  
9 required documents were properly served on Respondent on April 27, 2018. Respondent timely  
10 filed his Notice of Defense contesting the Petition to Revoke Probation.

11 5. A copy of Petition to Revoke Probation No. 800-2018-040724 is attached as Exhibit  
12 A and incorporated herein by reference.

13 **ADVISEMENT AND WAIVERS**

14 6. Respondent has carefully read, fully discussed with counsel, and understands the  
15 charges and allegations in Petition to Revoke Probation No. 800-2018-040724. Respondent has  
16 also carefully read, fully discussed with counsel, and understands the effects of this Stipulated  
17 Settlement and Disciplinary Order.

18 7. Respondent is fully aware of his legal rights in this matter, including the right to a  
19 hearing on the charges and allegations in the Petition to Revoke Probation; the right to confront  
20 and cross-examine the witnesses against him; the right to present evidence and to testify on his  
21 own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the  
22 production of documents; the right to reconsideration and court review of an adverse decision;  
23 and all other rights accorded by the California Administrative Procedure Act and other applicable  
24 laws.

25 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
26 every right set forth above.

27 ///

28 ///

1 **CULPABILITY**

2 9. Respondent admits the truth of each and every charge and allegation in Petition to  
3 Revoke Probation No. 800-2018-040724.

4 10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to  
5 discipline and he agrees to be bound by the Board's probationary terms as set forth in the  
6 Disciplinary Order below.

7 **CONTINGENCY**

8 11. This stipulation shall be subject to approval by the Medical Board of California.  
9 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
10 Board of California may communicate directly with the Board regarding this stipulation and  
11 settlement, without notice to or participation by Respondent or his counsel. By signing the  
12 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
13 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
14 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
15 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
16 action between the parties, and the Board shall not be disqualified from further action by having  
17 considered this matter.

18 12. The parties understand and agree that Portable Document Format (PDF) and facsimile  
19 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
20 signatures thereto, shall have the same force and effect as the originals.

21 13. In consideration of the foregoing admissions and stipulations, the parties agree that  
22 the Board may, without further notice or formal proceeding, issue and enter the following  
23 Disciplinary Order:

24 **DISCIPLINARY ORDER**

25 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 53993 issued  
26 to Respondent Armen Kazanchian, M.D. is revoked. However, the revocation is stayed and  
27 Respondent is placed on probation for seven (7) years commencing on September 23, 2016, the  
28 effective date of the Board's adoption of the Stipulated Settlement in Case No. 17-2013-229502

1 with the following terms and conditions:

2 1. CONTROLLED SUBSTANCES- MAINTAIN RECORDS AND ACCESS TO  
3 RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled  
4 substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any  
5 recommendation or approval which enables a patient or patient's primary caregiver to possess or  
6 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health  
7 and Safety Code section 11362.5, during probation, showing all the following: 1) the name and  
8 address of patient; 2) the date; 3) the character and quantity of controlled substances involved;  
9 and 4) the indications and diagnosis for which the controlled substances were furnished.

10 Respondent shall keep these records in a separate file or ledger, in chronological order. All  
11 records and any inventories of controlled substances shall be available for immediate inspection  
12 and copying on the premises by the Board or its designee at all times during business hours and  
13 shall be retained for the entire term of probation.

14 2. EDUCATION COURSE. Within 60 calendar days of the effective date of this  
15 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
16 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours  
17 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
18 correcting any areas of deficient practice or knowledge and shall be Category I certified. The  
19 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to  
20 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
21 completion of each course, the Board or its designee may administer an examination to test  
22 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65  
23 hours of CME of which 40 hours were in satisfaction of this condition.

24 3. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective  
25 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in  
26 advance by the Board or its designee. Respondent shall provide the approved course provider  
27 with any information and documents that the approved course provider may deem pertinent.  
28 Respondent shall participate in and successfully complete the classroom component of the course

1 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
2 complete any other component of the course within one (1) year of enrollment. The prescribing  
3 practices course shall be at Respondent's expense and shall be in addition to the Continuing  
4 Medical Education (CME) requirements for renewal of licensure.

5 A prescribing practices course taken after the acts that gave rise to the charges in the  
6 Petition to Revoke Probation, but prior to the effective date of the Decision may, in the sole  
7 discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the  
8 course would have been approved by the Board or its designee had the course been taken after the  
9 effective date of this Decision.

10 Respondent shall submit a certification of successful completion to the Board or its  
11 designee not later than 15 calendar days after successfully completing the course, or not later than  
12 15 calendar days after the effective date of the Decision, whichever is later.

13 4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
14 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
15 advance by the Board or its designee. Respondent shall provide the approved course provider  
16 with any information and documents that the approved course provider may deem pertinent.  
17 Respondent shall participate in and successfully complete the classroom component of the course  
18 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
19 complete any other component of the course within one (1) year of enrollment. The medical  
20 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
21 Medical Education (CME) requirements for renewal of licensure.

22 A medical record keeping course taken after the acts that gave rise to the charges in the  
23 Petition to Revoke Probation, but prior to the effective date of the Decision may, in the sole  
24 discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the  
25 course would have been approved by the Board or its designee had the course been taken after the  
26 effective date of this Decision.

27 Respondent shall submit a certification of successful completion to the Board or its  
28 designee not later than 15 calendar days after successfully completing the course, or not later than

1 15 calendar days after the effective date of the Decision, whichever is later.

2 5. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of  
3 the effective date of this Decision, Respondent shall enroll in a professionalism program, that  
4 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.  
5 Respondent shall participate in and successfully complete that program. Respondent shall  
6 provide any information and documents that the program may deem pertinent. Respondent shall  
7 successfully complete the classroom component of the program not later than six (6) months after  
8 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
9 time specified by the program, but no later than one (1) year after attending the classroom  
10 component. The professionalism program shall be at Respondent's expense and shall be in  
11 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

12 A professionalism program taken after the acts that gave rise to the charges in the Petition  
13 to Revoke Probation, but prior to the effective date of the Decision may, in the sole discretion of  
14 the Board or its designee, be accepted towards the fulfillment of this condition if the program  
15 would have been approved by the Board or its designee had the program been taken after the  
16 effective date of this Decision.

17 Respondent shall submit a certification of successful completion to the Board or its  
18 designee not later than 15 calendar days after successfully completing the program or not later  
19 than 15 calendar days after the effective date of the Decision, whichever is later.

20 6. PROFESSIONAL BOUNDARIES PROGRAM. Within 60 calendar days from the  
21 effective date of this Decision, Respondent shall enroll in a professional boundaries program  
22 approved in advance by the Board or its designee. Respondent, at the program's discretion, shall  
23 undergo and complete the program's assessment of Respondent's competency, mental health  
24 and/or neuropsychological performance, and at minimum, a 24 hour program of interactive  
25 education and training in the area of boundaries, which takes into account data obtained from the  
26 assessment and from the Decision(s), Accusation(s), Petition to Revoke Probation and any other  
27 information that the Board or its designee deems relevant. The program shall evaluate  
28 Respondent at the end of the training and the program shall provide any data from the assessment

1 and training as well as the results of the evaluation to the Board or its designee.

2 Failure to complete the entire program not later than six (6) months after Respondent's  
3 initial enrollment shall constitute a violation of probation unless the Board or its designee agrees  
4 in writing to a later time for completion. Based on Respondent's performance in and evaluations  
5 from the assessment, education, and training, the program shall advise the Board or its designee  
6 of its recommendation(s) for additional education, training, psychotherapy and other measures  
7 necessary to ensure that Respondent can practice medicine safely. Respondent shall comply with  
8 program recommendations. At the completion of the program, Respondent shall submit to a final  
9 evaluation. The program shall provide the results of the evaluation to the Board or its designee.  
10 The professional boundaries program shall be at Respondent's expense and shall be in addition to  
11 the Continuing Medical Education (CME) requirements for renewal of licensure.

12 The program has the authority to determine whether or not Respondent successfully  
13 completed the program.

14 A professional boundaries course taken after the acts that gave rise to the charges in the  
15 Petition to Revoke Probation, but prior to the effective date of the Decision may, in the sole  
16 discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the  
17 course would have been approved by the Board or its designee had the course been taken after the  
18 effective date of this Decision.

19 If Respondent fails to complete the program within the designated time period, Respondent  
20 shall cease the practice of medicine within three (3) calendar days after being notified by the  
21 Board or its designee that Respondent failed to complete the program.

22 7. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days  
23 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment  
24 program approved in advance by the Board or its designee. Respondent shall successfully  
25 complete the program not later than six (6) months after Respondent's initial enrollment unless  
26 the Board or its designee agrees in writing to an extension of that time.

27 The program shall consist of a comprehensive assessment of Respondent's physical and  
28 mental health and the six general domains of clinical competence as defined by the Accreditation



1 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to  
2 Respondent's current or intended area of practice. The program shall take into account data  
3 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),  
4 Accusation(s), Petition to Revoke Probation and any other information that the Board or its  
5 designee deems relevant. The program shall require Respondent's on-site participation for a  
6 minimum of three (3) and no more than five (5) days as determined by the program for the  
7 assessment and clinical education evaluation. Respondent shall pay all expenses associated with  
8 the clinical competence assessment program.

9 At the end of the evaluation, the program will submit a report to the Board or its designee  
10 which unequivocally states whether the Respondent has demonstrated the ability to practice  
11 safely and independently. Based on Respondent's performance on the clinical competence  
12 assessment, the program will advise the Board or its designee of its recommendation(s) for the  
13 scope and length of any additional educational or clinical training, evaluation or treatment for any  
14 medical condition or psychological condition, or anything else affecting Respondent's practice of  
15 medicine. Respondent shall comply with the program's recommendations.

16 Determination as to whether Respondent successfully completed the clinical competence  
17 assessment program is solely within the program's jurisdiction.

18 Respondent shall not practice medicine until Respondent has successfully completed the  
19 program and has been so notified by the Board or its designee in writing.

20 Within 60 days after Respondent has successfully completed the clinical competence  
21 assessment program, Respondent shall participate in a professional enhancement program  
22 approved in advance by the Board or its designee, which shall include quarterly chart review,  
23 semi-annual practice assessment, and semi-annual review of professional growth and education.  
24 Respondent shall participate in the professional enhancement program at Respondent's expense  
25 during the term of probation.

26 8. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the  
27 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice  
28 where: 1) Respondent merely shares office space with another physician but is not affiliated for

1 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that  
2 location.

3 If Respondent fails to establish a practice with another physician or secure employment in  
4 an appropriate practice setting within 60 calendar days of the effective date of this Decision,  
5 Respondent shall receive a notification from the Board or its designee to cease the practice of  
6 medicine within three (3) calendar days after being so notified. The Respondent shall not resume  
7 practice until an appropriate practice setting is established.

8 If, during the course of the probation, the Respondent's practice setting changes and the  
9 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent  
10 shall notify the Board or its designee within five (5) calendar days of the practice setting change.  
11 If Respondent fails to establish a practice with another physician or secure employment in an  
12 appropriate practice setting within 60 calendar days of the practice setting change, Respondent  
13 shall receive a notification from the Board or its designee to cease the practice of medicine within  
14 three (3) calendar days after being so notified. The Respondent shall not resume practice until an  
15 appropriate practice setting is established.

16 9. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
17 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
18 Chief Executive Officer at every hospital where privileges or membership are extended to  
19 Respondent, at any other facility where Respondent engages in the practice of medicine,  
20 including all physician and locum tenens registries or other similar agencies, and to the Chief  
21 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
22 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
23 calendar days.

24 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

25 10. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE  
26 NURSES. During probation, Respondent is prohibited from supervising physician assistants and  
27 advanced practice nurses.

28 11. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules

governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

12. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

13. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Respondent should leave the State of California to reside or to practice,

Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

14. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

15. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete the Federation of State Medical Boards' Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the

1 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
2 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
3 Controlled Substances; and Biological Fluid Testing.

4 16. COMPLETION OF PROBATION. Respondent shall comply with all financial  
5 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
6 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
7 be fully restored.

8 17. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
9 of probation is a violation of probation. If Respondent violates probation in any respect, the  
10 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
11 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke  
12 Probation, or an Interim Suspension Order is filed against Respondent during probation, the  
13 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall  
14 be extended until the matter is final.

15 18. LICENSE SURRENDER. Following the effective date of this Decision, if  
16 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
17 the terms and conditions of probation, Respondent may request to surrender his or her license.  
18 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
19 determining whether or not to grant the request, or to take any other action deemed appropriate  
20 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
21 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
22 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
23 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
24 application shall be treated as a petition for reinstatement of a revoked certificate.

25 19. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
26 with probation monitoring each and every year of probation, as designated by the Board, which  
27 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
28 California and delivered to the Board or its designee no later than January 31 of each calendar

1 year.

2 **ACCEPTANCE**

3 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
4 discussed it with my attorney, Tracy Green, Esq. I understand the stipulation and the effect it will  
5 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
6 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
7 Decision and Order of the Medical Board of California.

8  
9 DATED: 08, 30, 2018

  
10 ARMEN KAZANCHIAN, M.D.  
11 Respondent

12 I have read and fully discussed with Respondent Armen Kazanchian, M.D. the terms and  
13 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
14 I approve its form and content.

15 DATED: \_\_\_\_\_

16 TRACY GREEN, ESQ.  
17 Attorney for Respondent

18 **ENDORSEMENT**

19 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
20 submitted for consideration by the Medical Board of California.

21 Dated: \_\_\_\_\_

Respectfully submitted,

22 XAVIER BECERRA  
23 Attorney General of California  
24 JUDITH T. ALVARADO  
25 Supervising Deputy Attorney General

26 CHRISTINE R. FRIAR  
27 Deputy Attorney General  
28 Attorneys for Complainant

1 year.

2 ACCEPTANCE


3 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
4 discussed it with my attorney, Tracy Green, Esq. I understand the stipulation and the effect it will  
5 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
6 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
7 Decision and Order of the Medical Board of California.

8  
9 DATED: \_\_\_\_\_

ARMEN KAZANCHIAN, M.D.  
Respondent

11 I have read and fully discussed with Respondent Armen Kazanchian, M.D. the terms and  
12 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
13 I approve its form and content.

14  
15 DATED: 8/30/18

  
TRACY GREEN, ESQ.  
Attorney for Respondent

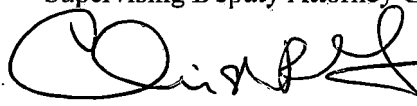
17 ENDORSEMENT

18 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
19 submitted for consideration by the Medical Board of California.

20  
21 Dated: August 30, 2018

Respectfully submitted,

22 XAVIER BECERRA  
23 Attorney General of California  
24 JUDITH T. ALVARADO  
25 Supervising Deputy Attorney General



26 CHRISTINE R. FRIAR  
27 Deputy Attorney General  
28 Attorneys for Complainant

**Exhibit A**

**Petition to Revoke Probation No. 800-2018-040724**



1 XAVIER BECERRA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 CHRISTINE R. FRIAR  
Deputy Attorney General  
4 State Bar No. 228421  
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7 *Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO APR 27 2018  
BY: [Signature] ANALYST

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

11 In the Matter of the Petition to Revoke  
12 Probation Against:

Case No. 800-2018-040724

**PETITION TO REVOKE PROBATION**

13 **ARMEN KAZANCHIAN, M.D.**  
14 1101 N. Pacific Avenue, #103  
Glendale, CA 91202

15 Physician's and Surgeon's Certificate  
No. A 53993,

16 Respondent.

17  
18 Complainant alleges:

19 **PARTIES**

20 1. Kimberly Kirchmeyer (Complainant) brings this Petition to Revoke Probation solely  
21 in her official capacity as the Executive Director of the Medical Board of California, Department  
22 of Consumer Affairs (Board).

23 2. On or about March 1, 1995, the Board issued Physician's and Surgeon's Certificate  
24 Number A 53993 to Armen Kazanchian, M.D. (Respondent). The Physician's and Surgeon's  
25 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
26 expire on March 31, 2019, unless renewed.

27 ///

3. In a disciplinary action entitled *In the Matter of the Accusation Against: Armen Kazanchian, M.D.*, Case No. 17-2013-229502, the Board issued a decision, effective September 23, 2016, in which Respondent's Physician's and Surgeon's Certificate was revoked. However, the revocation was stayed and Respondent's Physician's and Surgeon's Certificate was placed on probation for a period of five (5) years with certain terms and conditions. A copy of that Decision and Order is attached as Exhibit A and is incorporated by reference.

4. On February 7, 2018, due to Respondent's failure to comply with Condition No. 7 of the Disciplinary Order in Case No. 17-2013-229502, a Cease Practice Order was issued prohibiting Respondent from engaging in the practice of medicine.

## JURISDICTION

5. This Petition to Revoke Probation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

6. Section 2004 of the Code states,

**“The board shall have the responsibility for the following:**

“(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

“(b) The administration and hearing of disciplinary actions.

“(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

“(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

“ ”  
...

7. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Malpractice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, be publically reprimanded, or have such other action taken in relation to discipline as the Board deems proper.

8. This Petition to Revoke Probation is further brought under the authority of the Board's Decision in Case No. 17-2013-229502, which provides in pertinent part,

“16. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

“ ”  
 . . .

### CAUSE TO REVOKE PROBATION

**(Failure to Successfully Complete PACE)**

9. At all times after the effective date of Respondent's probation, Condition No. 7 stated in pertinent part as follows:

“Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical training or educational program equivalent to the Physician Assessment and Clinical Education Program (PACE) offered at the University of California - San Diego School of Medicine (“Program”). Respondent shall successfully complete the Program not later than six (6) months after Respondent’s initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

“The Program shall consist of a Comprehensive Assessment program comprised of a two-day assessment of Respondent’s physical and mental health; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to Respondent’s area of practice in which Respondent was alleged to be deficient, and at minimum, a 40 hour program of clinical education in the area of practice in which Respondent was alleged to be deficient and which takes into account data obtained from the assessment, Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. [Phase I.] Respondent shall pay all expenses associated with the clinical training program.

1       “Based on Respondent’s performance and test results in the assessment and clinical  
2 education, the Program will advise the Board or its designee of its recommendation(s) for the  
3 scope and length of any additional educational or clinical training, treatment for any medical  
4 condition, treatment for any psychological condition, or anything else affecting Respondent’s  
5 practice of medicine. Respondent shall comply with Program recommendations.

6       “At the completion of any additional educational or clinical training, Respondent shall  
7 submit to and pass an examination. [Phase II.] Determination as to whether Respondent  
8 successfully completed the examination or successfully completed the program is solely within  
9 the program’s jurisdiction.

10       “If Respondent fails to enroll, participate in, or successfully complete the clinical training  
11 program within the designated time period, Respondent shall receive a notification from the  
12 Board or its designee to cease the practice of medicine within three (3) calendar days after being  
13 so notified. The Respondent shall not resume the practice of medicine until enrollment or  
14 participation in the outstanding portions of the clinical training program have been completed. If  
15 the Respondent did not successfully complete the clinical training program, the Respondent shall  
16 not resume the practice of medicine until a final decision has been rendered on the accusation  
17 and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of  
18 the probationary time period.”

19       10. Respondent’s probation is subject to revocation because he failed to comply with  
20 Condition No. 7, referenced above. The facts and circumstances regarding this violation are as  
21 follows:

22               a. Respondent participated in Phase I of the PACE Program on or  
23 about May 16-17, 2017. Overall, Respondent’s performance on the Phase I, two-  
24 day assessment was unsatisfactory. For example, during the oral clinical  
25 examination, which Respondent failed, Respondent demonstrated outdated medical  
26 knowledge, poor clinical judgment, and a negative bias toward gay, as well as  
27 chronic pain, patients. Respondent’s quality of documentation was also  
28 unsatisfactory. Additionally, Respondent misrepresented himself as being Board

1 Certified in Internal Medicine. The PACE Program had concerns with  
2 Respondent's ability to practice medicine safely and about his stated bias toward  
3 gay, as well as chronic pain, patients.

4 b. At the conclusion of Phase I, the PACE Program recommended that  
5 Respondent spend several months studying prior to returning to complete Phase II.

6 c. Respondent returned for Phase II on or about November 13-17,  
7 2017. Phase II is a five-day clinical education and assessment program provided in  
8 the actual clinical environment of the UC San Diego Medical Center or one of its  
9 satellite clinics. It is both a formative and summative assessment of the  
10 participant's clinical skills, knowledge, and judgment. Overall, Respondent's  
11 performance during Phase II was unsatisfactory. For example, during clinical  
12 observation, he demonstrated significant unprofessional behavior as observed by  
13 multiple facilities including expressing significant biases against certain patient  
14 populations on multiple occasions, talking on his phone during patient encounters,  
15 arriving late and/or requesting to leave early and sharing the names of patients he  
16 has treated. Respondent's medical knowledge base was also poor and he seemed  
17 unaware of his deficiencies. During Phase II, Respondent also repeated the oral  
18 clinical examination, which he had previously failed during Phase I. Though his  
19 performance improved as compared to during Phase I, his performance was still  
20 deemed as unsafe due to his frequency of error. Respondent again demonstrated  
21 poor medical knowledge and clinical judgment as well as biases toward certain  
22 patient populations. Respondent failed several of the same cases on the repeat exam  
23 after making the same mistakes on the first exam. At the conclusion of Phases I and  
24 II, the PACE Program had serious concerns with Respondent's ability to safely  
25 practice medicine.

26 d. Respondent's overall performance on the PACE Program's  
27 comprehensive, seven-day physician assessment is consistent with a fail.  
28

11. As set forth above, due to Respondent's failure to successfully complete the PACE Program and, therefore, comply with Condition No. 7 of the Disciplinary Order, a Cease Practice Order was issued prohibiting Respondent from engaging in the practice of medicine.

**PRAYER**

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board issue a decision:

1. Revoking the probation that was granted by the Board in Case No. 17-2013-229502 and imposing the disciplinary order that was stayed thereby revoking Physician's and Surgeon's Certificate No. A 53993 issued to Armen Kazanchian, M.D.;

2. Revoking or suspending Physician's and Surgeon's Certificate No. A 53993 issued to Armen Kazanchian, M.D.;

3. Revoking, suspending or denying approval of Armen Kazanchian, M.D.'s authority to supervise physician assistants and advanced practice nurses;

4. Ordering Armen Kazanchian, M.D. to pay, if probation is continued or extended, the costs of probation monitoring; and

5. Taking such other and further action as deemed necessary and proper.

DATED: April 27, 2018

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
Complainant

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52858074.doc

EXHIBIT A

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation )  
Against: )**

**ARMEN KAZANCHIAN, M.D. )**

**Case No. 17-2013-229502**

**Physician's and Surgeon's )  
Certificate No. A 53993 )**

**Respondent )**

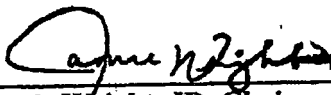
**DECISION**

**The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on September 23, 2016.**

**IT IS SO ORDERED: August 25, 2016.**

**MEDICAL BOARD OF CALIFORNIA**

  
\_\_\_\_\_  
**Jamie Wright, JD, Chair  
Panel A**



1 KAMALA D. HARRIS  
Attorney General of California  
2 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
3 TRINA L. SAUNDERS  
Deputy Attorney General  
4 State Bar No. 207764  
300 South Spring Street, Suite 1702  
5 Los Angeles, CA 90013  
Telephone: (213) 620-2193  
6 Facsimile: (213) 897-9395  
*Attorneys for Complainant*

7  
8 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
9 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

10 In the Matter of the Accusation Against:

11 ARMEN KAZANCHIAN, M.D.

12 1101 North Pacific Avenue, #103  
13 Glendale, California 91202

14 Physician's and Surgeon's Certificate No. A 53993,

15 Respondent.  
16

Case No. 17-2013-229502

OAH No. 2015061198

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

17  
18 **IT IS HEREBY STIPULATED AND AGREED** by and between the parties to the above-  
19 entitled proceedings that the following matters are true:

20 **PARTIES**

21 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical  
22 Board of California. She brought this action solely in her official capacity and is represented in  
23 this matter by Kamala D. Harris, Attorney General of the State of California, by Trina L.  
24 Saunders, Deputy Attorney General.

25 2. Respondent Armen Kazanchian, M.D. ("Respondent") is representing himself in this  
26 proceeding and has chosen not to exercise his right to be represented by counsel.  
27  
28

3. On March 1, 1995, the Medical Board of California issued Physician's and Surgeon's Certificate No. A 53993 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 17-2013-229502 and will expire on March 31, 2017, unless renewed.

## JURISDICTION

4. Accusation No. 17-2013-229502 was filed before the Medical Board of California (Board), Department of Consumer Affairs, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on September 18, 2014. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 17-2013-229502 is attached as exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

6. Respondent has carefully read, and understands the charges and allegations in Accusation No. 17-2013-229502. Respondent has also carefully read, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

**CULPABILITY**

9. Respondent understands and agrees that the charges and allegations in Accusation No. 17-2013-229502, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

## CONTINGENCY

12. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

## DISCIPLINARY ORDER

**IT IS HEREBY ORDERED THAT** Physician's and Surgeon's Certificate A 53993 issued to Respondent Armen Kazanchian, M.D. (Respondent) is revoked. However, the revocation is

1 stayed and Respondent is placed on probation for five (5) years on the following terms and  
2 conditions.

3 1. CONTROLLED SUBSTANCES- MAINTAIN RECORDS AND ACCESS TO  
4 RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled  
5 substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any  
6 recommendation or approval which enables a patient or patient's primary caregiver to possess or  
7 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health  
8 and Safety Code section 11362.5, during probation, showing all the following: 1) the name and  
9 address of patient; 2) the date; 3) the character and quantity of controlled substances involved;  
10 and 4) the indications and diagnosis for which the controlled substances were furnished.

11 Respondent shall keep these records in a separate file or ledger, in chronological order. All  
12 records and any inventories of controlled substances shall be available for immediate inspection  
13 and copying on the premises by the Board or its designee at all times during business hours and  
14 shall be retained for the entire term of probation.

15 2. EDUCATION COURSE. Within 60 calendar days of the effective date of this  
16 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
17 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours  
18 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
19 correcting any areas of deficient practice or knowledge and shall be Category I certified. The  
20 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to  
21 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
22 completion of each course, the Board or its designee may administer an examination to test  
23 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65  
24 hours of CME of which 40 hours were in satisfaction of this condition.

25 3. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective  
26 date of this Decision, Respondent shall enroll in a course in prescribing practices equivalent to the  
27 Prescribing Practices Course at the Physician Assessment and Clinical Education Program,  
28 University of California, San Diego School of Medicine (Program), approved in advance by the

1 Board or its designee. Respondent shall provide the program with any information and documents  
2 that the Program may deem pertinent. Respondent shall participate in and successfully complete  
3 the classroom component of the course not later than six (6) months after Respondent's initial  
4 enrollment. Respondent shall successfully complete any other component of the course within  
5 one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense  
6 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of  
7 licensure.

8 A prescribing practices course taken after the acts that gave rise to the charges in the  
9 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
10 or its designee, be accepted towards the fulfillment of this condition if the course would have  
11 been approved by the Board or its designee had the course been taken after the effective date of  
12 this Decision.

13 Respondent shall submit a certification of successful completion to the Board or its  
14 designee not later than 15 calendar days after successfully completing the course, or not later than  
15 15 calendar days after the effective date of the Decision, whichever is later.

16 4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
17 date of this Decision, Respondent shall enroll in a course in medical record keeping equivalent to  
18 the Medical Record Keeping Course offered by the Physician Assessment and Clinical Education  
19 Program, University of California, San Diego School of Medicine (Program), approved in  
20 advance by the Board or its designee. Respondent shall provide the program with any information  
21 and documents that the Program may deem pertinent. Respondent shall participate in and  
22 successfully complete the classroom component of the course not later than six (6) months after  
23 Respondent's initial enrollment. Respondent shall successfully complete any other component of  
24 the course within one (1) year of enrollment. The medical record keeping course shall be at  
25 Respondent's expense and shall be in addition to the Continuing Medical Education (CME)  
26 requirements for renewal of licensure.

27 A medical record keeping course taken after the acts that gave rise to the charges in the  
28 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board

1 or its designee, be accepted towards the fulfillment of this condition if the course would have  
2 been approved by the Board or its designee had the course been taken after the effective date of  
3 this Decision.

4 Respondent shall submit a certification of successful completion to the Board or its  
5 designee not later than 15 calendar days after successfully completing the course, or not later than  
6 15 calendar days after the effective date of the Decision, whichever is later.

7 5. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of  
8 the effective date of this Decision, Respondent shall enroll in a professionalism program, that  
9 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.  
10 Respondent shall participate in and successfully complete that program. Respondent shall  
11 provide any information and documents that the program may deem pertinent. Respondent shall  
12 successfully complete the classroom component of the program not later than six (6) months after  
13 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
14 time specified by the program, but no later than one (1) year after attending the classroom  
15 component. The professionalism program shall be at Respondent's expense and shall be in  
16 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

17 A professionalism program taken after the acts that gave rise to the charges in the  
18 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
19 or its designee, be accepted towards the fulfillment of this condition if the program would have  
20 been approved by the Board or its designee had the program been taken after the effective date of  
21 this Decision.

22 Respondent shall submit a certification of successful completion to the Board or its  
23 designee not later than 15 calendar days after successfully completing the program or not later  
24 than 15 calendar days after the effective date of the Decision, whichever is later.

25 6. MONITORING - PRACTICE/BILLING. Within 30 calendar days of the effective  
26 date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a  
27 practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons  
28 whose licenses are valid and in good standing, and who are preferably American Board of

1 Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or  
2 personal relationship with Respondent, or other relationship that could reasonably be expected to  
3 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
4 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
5 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

6 The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
7 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the  
8 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed  
9 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role  
10 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees  
11 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the  
12 signed statement for approval by the Board or its designee.

13 Within 60 calendar days of the effective date of this Decision, and continuing throughout  
14 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall  
15 make all records available for immediate inspection and copying on the premises by the monitor  
16 at all times during business hours and shall retain the records for the entire term of probation.

17 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
18 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
19 cease the practice of medicine within three (3) calendar days after being so notified. Respondent  
20 shall cease the practice of medicine until a monitor is approved to provide monitoring  
21 responsibility.

22 The monitor(s) shall submit a quarterly written report to the Board or its designee which  
23 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
24 are within the standards of practice of a physician, and whether Respondent is practicing  
25 medicine safely, billing appropriately or both. It shall be the sole responsibility of Respondent to  
26 ensure that the monitor submits the quarterly written reports to the Board or its designee within  
27 10 calendar days after the end of the preceding quarter.

28 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of

1 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
2 name and qualifications of a replacement monitor who will be assuming that responsibility within  
3 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
4 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
5 notification from the Board or its designee to cease the practice of medicine within three (3)  
6 calendar days after being so notified Respondent shall cease the practice of medicine until a  
7 replacement monitor is approved and assumes monitoring responsibility.

8 In lieu of a monitor, Respondent may participate in a professional enhancement program  
9 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the  
10 University of California, San Diego School of Medicine, that includes, at minimum, quarterly  
11 chart review, semi-annual practice assessment, and semi-annual review of professional growth  
12 and education. Respondent shall participate in the professional enhancement program at  
13 Respondent's expense during the term of probation.

14 7. CLINICAL TRAINING PROGRAM. Within 60 calendar days of the effective date  
15 of this Decision, Respondent shall enroll in a clinical training or educational program equivalent  
16 to the Physician Assessment and Clinical Education Program (PACE) offered at the University of  
17 California - San Diego School of Medicine ("Program"). Respondent shall successfully complete  
18 the Program not later than six (6) months after Respondent's initial enrollment unless the Board  
19 or its designee agrees in writing to an extension of that time.

20 The Program shall consist of a Comprehensive Assessment program comprised of a two-  
21 day assessment of Respondent's physical and mental health; basic clinical and communication  
22 skills common to all clinicians; and medical knowledge, skill and judgment pertaining to  
23 Respondent's area of practice in which Respondent was alleged to be deficient, and at minimum,  
24 a 40 hour program of clinical education in the area of practice in which Respondent was alleged  
25 to be deficient and which takes into account data obtained from the assessment, Decision(s),  
26 Accusation(s), and any other information that the Board or its designee deems relevant.  
27 Respondent shall pay all expenses associated with the clinical training program.

28 Based on Respondent's performance and test results in the assessment and clinical



1 education, the Program will advise the Board or its designee of its recommendation(s) for the  
2 scope and length of any additional educational or clinical training, treatment for any medical  
3 condition, treatment for any psychological condition, or anything else affecting Respondent's  
4 practice of medicine. Respondent shall comply with Program recommendations.

5 At the completion of any additional educational or clinical training, Respondent shall  
6 submit to and pass an examination. Determination as to whether Respondent successfully  
7 completed the examination or successfully completed the program is solely within the program's  
8 jurisdiction.

9 If Respondent fails to enroll, participate in, or successfully complete the clinical training  
10 program within the designated time period, Respondent shall receive a notification from the  
11 Board or its designee to cease the practice of medicine within three (3) calendar days after being  
12 so notified. The Respondent shall not resume the practice of medicine until enrollment or  
13 participation in the outstanding portions of the clinical training program have been completed. If  
14 the Respondent did not successfully complete the clinical training program, the Respondent shall  
15 not resume the practice of medicine until a final decision has been rendered on the accusation  
16 and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of  
17 the probationary time period.

#### 18 19 STANDARD CONDITIONS

20 8. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
21 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
22 Chief Executive Officer at every hospital where privileges or membership are extended to  
23 Respondent, at any other facility where Respondent engages in the practice of medicine,  
24 including all physician and locum tenens registries or other similar agencies, and to the Chief  
25 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
26 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
27 calendar days.

28 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

1           9.    SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is  
2 prohibited from supervising physician assistants.

3           10. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
4 governing the practice of medicine in California and remain in full compliance with any court  
5 ordered criminal probation, payments, and other orders.

6           11. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
7 under penalty of perjury on forms provided by the Board, stating whether there has been  
8 compliance with all the conditions of probation.

9           Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
10 of the preceding quarter.

11           12. GENERAL PROBATION REQUIREMENTS.

12           Compliance with Probation Unit

13           Respondent shall comply with the Board's probation unit and all terms and conditions of  
14 this Decision.

15           Address Changes

16           Respondent shall, at all times, keep the Board informed of Respondent's business and  
17 residence addresses, email address (if available), and telephone number. Changes of such  
18 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
19 circumstances shall a post office box serve as an address of record, except as allowed by Business  
20 and Professions Code section 2021(b).

21           Place of Practice

22           Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
23 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
24 facility.

25           License Renewal

26           Respondent shall maintain a current and renewed California physician's and surgeon's  
27 license.

28           Travel or Residence Outside California

1 Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
2 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
3 (30) calendar days.

4 In the event Respondent should leave the State of California to reside or to practice  
5 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
6 departure and return.

7 13. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
8 available in person upon request for interviews either at Respondent's place of business or at the  
9 probation unit office, with or without prior notice throughout the term of probation.

10 14. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
11 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
12 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
13 defined as any period of time Respondent is not practicing medicine in California as defined in  
14 Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month  
15 in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All  
16 time spent in an intensive training program which has been approved by the Board or its designee  
17 shall not be considered non-practice. Practicing medicine in another state of the United States or  
18 Federal jurisdiction while on probation with the medical licensing authority of that state or  
19 jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall  
20 not be considered as a period of non-practice.

21 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
22 months, Respondent shall successfully complete a clinical training program that meets the criteria  
23 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and  
24 Disciplinary Guidelines" prior to resuming the practice of medicine.

25 Respondent's period of non-practice while on probation shall not exceed two (2) years.

26 Periods of non-practice will not apply to the reduction of the probationary term.

27 Periods of non-practice will relieve Respondent of the responsibility to comply with the  
28 probationary terms and conditions with the exception of this condition and the following terms

1 and conditions of probation: Obey All Laws; and General Probation Requirements.

2 15. COMPLETION OF PROBATION. Respondent shall comply with all financial  
3 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
4 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
5 be fully restored.

6 16. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
7 of probation is a violation of probation. If Respondent violates probation in any respect, the  
8 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
9 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,  
10 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
11 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
12 the matter is final.

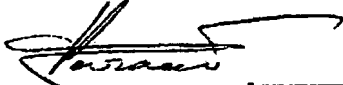
13 17. LICENSE SURRENDER. Following the effective date of this Decision, if  
14 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
15 the terms and conditions of probation, Respondent may request to surrender his or her license.  
16 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
17 determining whether or not to grant the request, or to take any other action deemed appropriate  
18 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
19 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
20 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
21 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
22 application shall be treated as a petition for reinstatement of a revoked certificate.

23 18. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
24 with probation monitoring each and every year of probation, as designated by the Board, which  
25 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
26 California and delivered to the Board or its designee no later than January 31 of each calendar  
27 year.

1 ACCEPTANCE

2 I have carefully read the Stipulated Settlement and Disciplinary Order. I understand the  
3 stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into  
4 this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and  
5 agree to be bound by the Decision and Order of the Medical Board of California.

6  
7 DATED: 08.04.2016

8   
ARMEN KAZANCHIAN, M.D.  
Respondent


9  
10  
11  
12 ENDORSEMENT

13 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
14 submitted for consideration by the Medical Board of California.

15 Dated: August 5, 2016

16 Respectfully submitted,

17 KAMALA D. HARRIS  
Attorney General of California  
18 ROBERT MCKIM BELL  
Supervising Deputy Attorney General

19   
20 TRINA L. SAUNDERS  
21 Deputy Attorney General  
22 Attorneys for Complainant

23  
24  
25 I.A2014612939  
62070591.doc

**Exhibit A**

**Accusation No. 17-2013-229502**

**KAMALA D. HARRIS**  
Attorney General of California  
**ROBERT MCKIM BELL**  
Supervising Deputy Attorney General  
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Facsimile: (213) 897-9395  
*Attorneys for Complainant*

**In the Matter of the Accusation Against:**

**ARMEN KAZANCHIAN, M.D.**

1101 N. Pacific Avenue, #103  
Glendale, CA 91202  
Physician's and Surgeon's Certificate No. A  
53993.

**Respondent.**

## PARTIES

2. On or about March 1, 1995, the Medical Board of California issued Physician's and Surgeon's Certificate Number A 53993 to Armen Kazanchian, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on March 31, 2015, unless renewed.

///

## JURISDICTION

3. This Accusation is brought before the Medical Board of California (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code states:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the board.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

"(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

"(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

"(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

"(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1."

5. Section 2234 of the Code, states:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:



1       "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the  
2 violation of, or conspiring to violate any provision of this chapter.

3       "(b) Gross negligence.

4       "(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or  
5 omissions. An initial negligent act or omission followed by a separate and distinct departure from  
6 the applicable standard of care shall constitute repeated negligent acts.

7       "(1) An initial negligent diagnosis followed by an act or omission medically appropriate for  
8 that negligent diagnosis of the patient shall constitute a single negligent act.

9       "(2) When the standard of care requires a change in the diagnosis, act, or omission that  
10 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
11 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the  
12 applicable standard of care, each departure constitutes a separate and distinct breach of the  
13 standard of care.

14       "(d) Incompetence.

15       "(e) The commission of any act involving dishonesty or corruption which is substantially  
16 related to the qualifications, functions, or duties of a physician and surgeon.

17       "(f) Any action or conduct which would have warranted the denial of a certificate.

18       "(g) The practice of medicine from this state into another state or country without meeting  
19 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not  
20 apply to this subdivision. This subdivision shall become operative upon the implementation of  
21 the proposed registration program described in Section 2052.5.

22       "(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and  
23 participate in an interview scheduled by the mutual agreement of the certificate holder and the  
24 board. This subdivision shall only apply to a certificate holder who is the subject of an  
25 investigation by the board.

26       ///

27       ///

28       ///

1 CAUSE FOR DISCIPLINE

2 (Gross Negligence)

3 6. Respondent is subject to disciplinary action under section 2234, subdivision (b) of the  
4 Code in that Respondent committed acts of gross negligence in the treatment and care of patients  
5 R.Z. and I.S. The circumstances are as follows:

6 Patient R.Z.

7 7. On or about December 31, 2010, patient R.Z., a 25-year-old male presented to  
8 Respondent. A patient demographic form and initial history and physical form were filled out on  
9 this date. However, the patient chart contains progress notes and prescriptions that are dated as  
10 early as August 3, 2010.

11 8. The patient chart contains rib series x-rays ordered by another physician that were  
12 completed on February 22, 2010. The films show progress of a healing fracture of the right 9<sup>th</sup>  
13 rib.

14 9. On March 22, 2010, Respondent prescribed Xanax 2 mg #60 with four refills to  
15 patient R.Z.

16 10. On April 12, 2010, Respondent prescribed Norco #90 with a refill to patient R.Z.

17 11. On August 3, 2010, patient R.Z. presented to Respondent with complaints of right  
18 sided chest wall pain and anxiety. He was diagnosed with right ribs severe pain and anxiety. No  
19 plan of action was documented.

20 12. On August 19, 2010, patient R.Z. presented to Respondent. He was diagnosed with  
21 left arm wound, anxiety, and right sided rib pain.

22 13. On September 16, 2010, patient R.Z. presented to Respondent with complaints of  
23 severe neck pain and right sided chest pain. He did not complain of paresthesia or radicular pain.  
24 The patient had tenderness on C4-C7 area and was diagnosed with cervical radiculitis and right  
25 ribs pain, and anxiety.

26 14. The patient presented to Respondent again on October 4, 2010, with complaints of  
27 severe low back pain and radiation to the lower extremity and right chest wall pain. Diagnoses  
28 included severe low back pain, anxiety, and rib pain.

1 15. Patient R.Z. presented to Respondent on December 13, 2010, for follow-up. The first  
2 of the two progress notes of this date indicate that the patient complained of low back pain with  
3 stiffness, right chest wall pain, and anxiety. He was diagnosed with lumbar radiculitis, right ribs  
4 pain, and anxiety. The second progress note lists patient complaints as severe anxiety, headache,  
5 and pain in multiple muscle groups with tenderness at the L5-S1 area. Diagnoses included  
6 depressive disorder with anxiety features, C-spine radiculopathy, and radiculopathic symptoms  
7 with no neurologic deficit on exam. No plan of action was documented. Respondent prescribed  
8 Norco 10/325 mg #120 with two refills and Xanax 2 mg #90 with four refills.

9 16. On December 27, 2010, Respondent prescribed Norco 10/325 mg #120 with four  
10 refills and Xanax 2 mg #60 with four refills.

11 17. Patient R.Z. was seen again on January 31, 2011, with complaints of severe right  
12 sided chest wall pain. He was diagnosed with right rib pain, and anxiety. Respondent prescribed  
13 Norco 10/325 mg #120 with a refill and Xanax 2 mg #60 with a refill.

14 18. Patient R.Z. was seen on the following dates: March 29, 2011, April 28, 2011, May  
15 9, 2011, July 21, 2011, August 25, 2011, October 10, 2011, and December 12, 2011. There was  
16 no plan of action documented on any of the aforementioned visits. Nonetheless, Norco 10/325  
17 and Xanax 2 mg were regularly refilled through December 12, 2011.

18 19. Patient R.Z.'s last visit to Respondent was on January 9, 2012. He presented with  
19 complaints of low back pain and right chest wall tenderness. His diagnosis was unchanged and  
20 he was prescribed Xanax 2 mg #60 with three refills and Norco 10/325 mg #120 with three refills.  
21 The patient was discharged from Respondent's practice.

22 20. Respondent's care and treatment of patient R.Z. constitutes an extreme departure  
23 from the standard of care, in that he prescribed opioids and benzodiazepines without having a  
24 medical indication to do so, failed to adequately monitor the patient, and did not document the  
25 patient's reactions to the medication and progress.

26 Patient I.S.

27 21. On or about May 18, 2010, patient I.S., presented to Respondent with complaints of  
28 low back pain, high blood pressure, headache, and anxiety. No physical examination was

1 documented. Respondent diagnosed patient I.S. with depression with anxiety features,  
2 hypertension, low back pain, chronic fatigue, and degenerative joint disease. No plan was  
3 documented.

4 22. A copy of a prescription dated June 7, 2010, for Norco 7.5/325 mg #75-100 with two  
5 refills is contained in the patient chart.

6 23. Patient I.S. presented to Respondent on June 17, 2010, for a follow-up visit. No  
7 complaints, physical examination, or plan of action was documented. Diagnoses are listed as  
8 depression, hyperlipidemia, rash, and hypercholesterolemia.

9 24. Patient I.S. presented to Respondent on July 8, 2010. No complaints, physical  
10 examination, or plan of action was documented. Diagnoses were listed as hypertension, low back  
11 pain and depression. There are copies of prescriptions in the patient chart for Norco 10/325 mg  
12 #90, Percocet #60 with four refills, Norco 10/325 mg #60 with four refills and Clonazepam #60  
13 with four refills.

14 25. The patient's medical chart also contains copies of prescriptions dated August 8,  
15 2010, for Percocet 10 mg #60 with four refills, Norco 10/325 mg #60 with four refills and  
16 Clonazepam #60 with four refills.

17 26. Patient I.S. presented to Respondent on August 30, 2010. No complaints, physical  
18 examination, or plan was documented. Diagnoses were listed as hypertension, OA, chronic  
19 fatigue and depression.

20 27. Patient I.S. presented to Respondent for follow-up on October 4, 2010. No  
21 complaints, physical examination, or plan was documented. Diagnoses are listed as abdominal  
22 pain, OA, chronic fatigue, and depression with anxiety features. There is a copy of a prescription  
23 for Valium 5 mg #30 with three refills in the patient chart.

24 28. On December 1, 2010, Respondent prescribed Valium 10 mg #30 with three refills  
25 and Norco 10/325 #90 with two refills.

26 29. Patient I.S. presented to Respondent for follow-up on December 2, 2010. No  
27 complaints, physical examination, or plan was documented. Diagnoses are listed as abdominal  
28 pain, lumbar radiculopathy, headache, and depression with anxiety features.

1        30. Patient I.S. presented to Respondent on December 23, 2010. No complaints, physical  
2 examination, or plan was documented. Diagnoses are listed as depression, abdominal pain,  
3 headache and hyperlipidemia. Respondent prescribed Valium 10 mg #30 with two refills, Norco  
4 10/325 mg #90 with two refills and Percocet 5/325 mg #90.

5        31. Patient I.S. presented to Respondent January 27, 2011. No complaints, physical  
6 examination, or plan was documented. Diagnoses are listed as neck pain, abdominal pain,  
7 chronic fatigue, headache, and hyperlipidemia. Respondent prescribed Valium 10 mg #30 with  
8 three refills, Clonazepam 1 mg #60 with three refills, Norco 10/325 with three refills, and  
9 Percocet 10/325 mg #90 with three refills.

10       32. Patient I.S. presented to Respondent for follow-up on February 28, 2011. She  
11 complained of generalized abdominal pain, pelvic pain, severe neck pain, and depressed mood.  
12 Patient I.S. was diagnosed with abdominal/pelvic pain, severe cervical radiculopathy, headache,  
13 low back pain, and depression. Respondent prescribed Valium 10 mg #30 with four refills and  
14 Clonazepam 1 mg #60 with four refills, Percocet 10/325 mg #90 with two refills and Norco  
15 10/325 mg #120 with two refills.

16       33. Patient I.S. presented to Respondent for follow-up on March 20, 2011. Patient I.S.  
17 complained of worsening abdominal pain, depressed mood, and that she became easily fatigued.  
18 She was diagnosed with severe cervical and lumbar radiculopathy, depression, and chronic  
19 fatigue.

20       34. On March 28, 2011, Respondent prescribed Norco 10/325 mg #90 with two refills,  
21 Percocet 10/325 mg #90 with no refills, Clonazepam 1 mg #60 with two refills, and Valium 10  
22 mg #30 with two refills.

23       35. Patient I.S. presented to Respondent for follow-up on April 25, 2011. The patient  
24 complained of severe low back pain aggravated by movement. Straight leg raise was noted to be  
25 positive at 70 degrees. The patient was diagnosed with lumbar radiculopathy, severe cervical  
26 radiculopathy, depression and anxiety, and chronic fatigue. Respondent prescribed Valium 10  
27 mg #30 with three refills, Clonazepam 1 mg #60 with three refills, Norco 10/325 mg #120 with  
28 two refills and Percocet 10/325 mg #90 with no refills.

1       36. On May 3, 2011, Respondent prescribed Vicodin ES #150 with three refills to patient  
2 I.S.

3       37. On May 22, 2011, Respondent was seen for severe low back pain and stiffness. She  
4 was diagnosed with lumbar spondylosis with radiculopathy, depression, and chronic fatigue. The  
5 patient underwent trigger point injection. She was prescribed Percocet 5/325 mg 75-100, Norco  
6 10/325 mg #120 with one refill, Clonazepam 1 mg #60, and Valium 10 mg #30 with two refills.

7       38. On June 16, 2011, Patient I.S. presented to Respondent with complaints of severe  
8 weakness, depressed mood, and neck pain. She was diagnosed with depression with anxiety  
9 features, lumbar radiculopathy, cervical radiculopathy, and chronic fatigue. There is no  
10 documented plan. Respondent prescribed Norco 10/325 mg #120 with one refill and Percocet  
11 10/325 mg #100 with one refill.

12       39. On July 25, 2011, Respondent prescribed Valium 10 mg #30 with two refills,  
13 Clonazepam 1 mg #60 with three refills, Percocet 10/325 mg #120 with three refills.

14       40. In or about August 2011, patient I.S.'s ex-husband passed away. Patient I.S. received  
15 several hundred thousands of dollars in life insurance benefits following his death. The patient  
16 told Respondent of the benefits she received. Respondent offered to help her invest the life  
17 insurance proceeds. The patient provided Respondent with over \$230,000.00 of this money for  
18 the purpose of assisting her in investing it with the promise of a large return on investment within  
19 six months time. Less than one quarter of the money that patient I.S. provided to Respondent was  
20 ever returned to her.

21       41. Patient I.S. presented to Respondent for follow-up on August 8, 2011. She  
22 complained of itching, low back pain, and stiffness. The patient also had decreased sensation in  
23 all extremities. Diagnoses are listed as severe fibromyalgia, severe depression, allergies, lumbar  
24 radiculopathy, cervical radiculopathy, and hyperlipidemia.

25       42. Patient I.S. presented to Respondent August 22, 2011. She complained of substernal  
26 chest discomfort and pressure, low back pain and neck pain. Diagnoses are listed as chest pain,  
27 lumbar radiculopathy, cervical radiculopathy and severe depression. There is no documented  
28 plan of action. Respondent prescribed Percocet 10/325 mg #90 with one refill, Norco 10/325 mg

1 #100 with one refill, Valium 10 mg #30 with two refills, and Clonazepam 1 mg #60 with three  
2 refills.

3 No complaints, physical examination, or plan of action was documented. Diagnoses are listed as  
4 neck pain, abdominal pain, chronic fatigue, headache, and hyperlipidemia. Respondent  
5 authorized Valium 10 mg #30 with three refills, Clonazepam 1 mg #60 with three refills, Norco  
6 10/325 with three refills, and Percocet 10/325 mg #90 with three refills.

7 43. Patient I.S. presented to Respondent on October 10, 2011. She complained of  
8 confusion, anxiety, severe low back pain and headache. Diagnoses are listed as severe depression  
9 with anxiety, severe lumbar and cervical radiculopathy, headache, and dizziness. There is no  
10 documented plan.

11 44. Patient I.S. presented to Respondent on October 20, 2011. She complained of severe  
12 low back pain, stiffness, headache, and depressed mood. Diagnoses are listed as severe lumbar  
13 and cervical radiculopathy, dizziness, and severe depression. Respondent prescribed Percocet  
14 10/325 mg #100.

15 45. Patient I.S. presented to Respondent on November 2, 2011 with complaints of severe  
16 neck pain and stiffness, and low back pain radiating to lower extremities. Diagnoses are listed as  
17 lumbar and cervical radiculopathy, severe depression, and headache. Respondent prescribed  
18 Klonopin 1 mg #60 with two refills, Percocet 10/325 mg #90, Norco 10/325 mg #120 with two  
19 refills, and Valium 10 mg #30, with three refills.

20 46. Patient I.S. presented to Respondent on November 14, 2011 with complaints of loss  
21 of appetite, and decreased weight and confusion. Diagnoses are listed as severe depression,  
22 wasting syndrome, severe lumbar and cervical radioculpoathy, and chronic fatigue.

23 47. Patient I.S. presented to Respondent for follow-up on December 5, 2011. She  
24 complained of severe low back pain, anxiety, confusion, generalized abdominal pain, heartburn,  
25 and weakness. Diagnoses included abdominal pain/GERD, chronic fatigue, depression, cervical  
26 and lumbar radiculopathy, and hypertension. Respondent prescribed Vicodin ES #120 with two  
27 refills.

28 ///

1 48. Patient I.S. presented to Respondent for another follow-up on January 5, 2012. She  
2 complained of severe low back pain with radiation to lower extremities, neck pain, depressed  
3 mood, and confusion. Diagnoses included cervical and lumbar radiculopathy, hypertension,  
4 depression with psychotic features, and chronic fatigue.

5 49. On January 23, 2012, Respondent prescribed Percocet 10/325 mg #160 to patient I.S.

6 50. Patient I.S. presented to Respondent on March 21, 2012, with complaints of severe  
7 low back pain with radiation to lower extremities, neck pain, depressed mood, and confusion.  
8 Diagnoses included cervical and lumbar radiculopathy, depression with psychotic features and  
9 chronic fatigue syndrome. Nerve conduction studies were again ordered. Respondent prescribed  
10 Percocet 10/325 mg #150.

11 51. Patient I.S. presented to Respondent on April 3, 2012, with complaints of shortness  
12 of breath on exertion, palpitations, weakness and epigastric abdominal pain. Diagnoses included  
13 shortness of breath, URI, abdominal pain, lumbar and cervical radiculopathy, and depression. An  
14 EKG and event monitor were ordered.

15 52. Patient I.S. presented to Respondent on May 3, 2012, with complaints of severe neck  
16 pain and lower back pain. She was noted to have tenderness in paraspinal muscles. Diagnoses  
17 included lumbar and cervical radiculopathy, depression and chronic fatigue.

18 53. On May 31, 2012, Respondent prescribed Valium 1 mg #90 with two refills and  
19 Percocet 10/325 mg #120.

20 54. Patient I.S. presented to Respondent for follow-up on June 14, 2012, with complaints  
21 of severe lower back pain, depressed mood, and anxiety. Diagnoses included lumbar and cervical  
22 radiculopathy, depression, and chronic fatigue. Respondent prescribed Fentanyl 75 mcg #30,  
23 Percocet 10/325 mg #120 and Valium 1 mg #90 with two refills.

24 55. Patient I.S. presented to Respondent for follow-up on July 20, 2012, with complaints  
25 of severe neck pain with radiation, decreased mood, confusion, anxiety, and irritability.  
26 Diagnoses included severe cervical and lumbar radiculopathy, headaches, and depression with  
27 anxiety features.

28 ///



1 56. Patient I.S. presented to Respondent for another follow-up visit on August 2, 2012,  
2 with complaints of postprandial epigastric pain, bowel discomfort, numbness and tingling  
3 sensation in all extremities. Diagnoses included abdominal pain/GERD, lumbar and cervical  
4 radiculitis, severe headache and depression. Respondent prescribed Percocet 10/325 mg #120  
5 and Valium 2 mg #60 with two refills.

6 57. Patient I.S. presented to Respondent for follow-up on October 31, 2012, with  
7 complaints of muscle spasm and generalized anxiety. Diagnoses included drug seeking behavior,  
8 severe lumbar and cervical radiculopathy, depression, and anxiety. The patient was notified that  
9 she was discharged from Respondent's office. Respondent prescribed Ativan 1 mg #60 with  
10 three refills.

11 58. Respondent's prescribing of Percocet and Norco, both of which are short acting  
12 opioids, in large quantities with multiple refills on a regular basis, and failing to document a  
13 reason for doing so, or the patient's response to the drugs is an extreme departure from the  
14 standard of care.

15 59. Respondent's prescribing of Valium and Klonopin, both of which are long acting  
16 benzodiazepines, concurrently on multiple visits without a documented reason for doing so is an  
17 extreme departure from the standard of care.

## 18 SECOND CAUSE FOR DISCIPLINE

### 19 (Repeated Negligent Acts)

20 60. Respondent is subject to disciplinary action under section 2234, subdivision (c) of the  
21 Code in that in that Respondent committed repeated negligent acts in the care and treatment of  
22 patients I.S., M.K., R.Z., E.M. and R.M. The circumstances are as follows:

23 61. Paragraphs 7 through 58 are incorporated by reference as though fully set forth.

#### 24 Patient R.Z.

25 62. Respondent departed from the standard of care by failing to maintain adequate  
26 progress notes related to Patient R.Z.

27 ///

28 ///

1        Patient I.S.

2        63. Respondent departed from the standard of care by prescribing narcotics to patient I.S.  
3 without performing a complete history and physical examination and identifying a medical  
4 indication for prescribing such drugs and failing to maintain adequate progress notes.

5        Respondent departed from the standard of care by failing to maintain adequate progress  
6 notes related to Patient I.S.

7        Patient M.K.

8        64. On or about July 1, 2010, patient M.K., a then 26-year-old female presented to  
9 Respondent for the first time, with complaints of headache, inability to concentrate, painful  
10 menses, and inability to sleep. Her physical examination revealed tenderness at C6-C7.  
11 Respondent diagnosed the patient with tension headaches, cervical and lumbar radiculopathy, and  
12 attention deficit disorder (ADD). No treatment plan was documented. Respondent prescribed  
13 Adderall 20 mg twice per day to the patient.

14        65. Patient M.K. was seen on March 3, 2011, for a follow-up visit. She was diagnosed  
15 with severe menstrual cramps, tension headaches, ADD and cervicolumbar radiculopathy. There  
16 was no documented treatment plan. Respondent prescribed Norco 10/325 mg #90 with two  
17 refills.

18        66. Patient M.K. presented on April 7, 2011, for follow-up and was diagnosed with ADD,  
19 tension headaches and cervical/lumbar radiculopathy. Respondent prescribed Norco 10/325 mg  
20 #90 with two refills and Adderall 20 mg #30 with two refills.

21        67. Patient M.K. was seen for follow-up by Respondent on a monthly basis from May 19,  
22 2011 through May 23, 2013. During that period, no patient response to the treatment is  
23 documented. Adderall and Norco were refilled on a regular basis.

24        68. Pharmacy records indicate that Respondent prescribed Alprazolam 2 mg on July 23,  
25 2011. However, the first time that Respondent diagnosed this patient with anxiety disorder was  
26 on August 3, 2012.

27        69. Patient M.K. was last seen by Respondent on May 23, 2013.  
28

1       70. The standard of care requires that prior to prescribing a controlled substance that an  
2 adequate history and physical examination be taken, a medical indication for the drug be  
3 identified, and that the risks and benefits of the drug be discussed with the patient. In addition,  
4 on-going and follow-up medical care should be provided to the patient.

5       71. Respondent departed from the standard of care by prescribing a stimulant drug  
6 without taking an adequate history and physical, without having a medical indication to do so,  
7 and failing to adequately monitor the patient.

8       72. Respondent departed from the standard of care by failing to maintain adequate  
9 progress notes related to Patient M.K.

10       Patient E.M.

11       73. On or about July 1, 2011, patient E.M., a then 26-year-old male, presented to  
12 Respondent approximately six days after being involved in a motorcycle accident. The patient  
13 was diagnosed with post traumatic cephalgia, musculoskeletal sprain of the cervical spine,  
14 thoracic spine sprain, contusion of the upper and lower back and contusion of the chest wall.

15       74. On July 6, 2011, patient E.M. completed a left-sided rib series which showed a non-  
16 displaced angulated fracture of the 8<sup>th</sup> rib posteriorly.

17       75. On July 7, 2011, patient E.M. completed a CT scan of the cervical spine that showed  
18 no abnormalities. The patient was treated with motrin.

19       76. On December 9, 2011, patient E.M. presented to Respondent for follow-up. He  
20 complained of severe pain in his lower back and left sided chest wall pain. He was diagnosed  
21 with severe cervical and lumbar radiculopathy, anxiety, tension, headache and left sided rib  
22 fracture. Respondent prescribed Norco 10/325 mg #120 with four refills.

23       77. Patient E.M. presented to Respondent on May 5, 2012, with complaints of severe  
24 anxiety, decreased sexual performance, low back pain and left chest discomfort. He was  
25 diagnosed with depression, severe lumbar radiculopathy, sexual dysfunction and insomnia.  
26 Respondent prescribed Cymbalta, Cialis, Motrin, Norco 10/325 mg #120 with three refills and  
27 Xanax 1 mg qhs #30 with three refills.

1        78. Patient E.M. presented to Respondent for follow-up on August 21, 2012. He  
2 reported less anxiety and less back pain. He was diagnosed with low back pain, depression and  
3 sexual dysfunction. Respondent prescribed Norco 10/325 mg #120 with four refills.

4        79. Patient E.M. was seen for follow-up on April 25, 2013. He complained of right wrist  
5 pain and lower back pain. He was diagnosed with right wrist and lumbar sprain. Respondent  
6 prescribed Norco 10/325 mg #120 with two refills.

7        80. Respondent's care and treatment of patient E.M. constitutes a departure from the  
8 standard of care, in that he prescribed opioids to the patient without having a medical indication  
9 to do so, failed to adequately monitor the patient, and did not document the patient's reactions  
10 and progress.

11       81. Respondent departed from the standard of care by failing to keep adequate progress  
12 notes related to Patient E.M.

13       Patient C.N.

14       82. On or about April 28, 2011, patient C.N., a then 24-year-old female, presented to  
15 Respondent, with complaints of back pain and problems with studying. Physical examination  
16 demonstrated lumbosacral tenderness and paraspinal muscle spasm. Patient C.N. was diagnosed  
17 with attention deficit disorder and low back pain. There was no documented plan of care.  
18 Respondent prescribed Adderall 20 mg #30 with a refill and Hydrocodone 5 mg #90 with two  
19 refills.

20       83. Patient C.N.'s medical record contains a copy of a prescription for Norco 10 mg #100  
21 with three refills dated May 9, 2011.

22       84. Patient C.N. presented to Respondent on May 26, 2011, with complaints of low back  
23 pain and headache. Patient C.N. told Respondent that she lost her medication. Patient C.N. was  
24 diagnosed with low back radiculopathy and ADD. There was no documented plan. Respondent  
25 documented that he was giving the patient her last refill for Norco. Respondent prescribed Norco  
26 10/325 mg #90 with a refill.

27       85. On July 25, 2011, Respondent saw patient C.N. for the last time. The patient  
28 presented with complaints of low back pain with stiffness. Respondent diagnosed patient C.N.

1 with low back pain and ADD. Respondent prescribed Adderall 20 mg #30 and Norco 10/325 mg  
2 #100 with three refills.

3 86. Respondent's care and treatment of patient C.N. constitutes a departure from the  
4 standard of care, in that he prescribed a stimulant and opioid without medical indication, failed to  
5 adequately monitor the patient and did not document the patient's reactions and progress.

6 87. Respondent departed from the standard of care by failing to keep adequate progress  
7 notes related to Patient C.N.

### 8 **THIRD CAUSE FOR DISCIPLINE**

#### 9 **(Unprofessional Conduct)**

10 88. Respondent is subject to disciplinary action under section 2234 of the Code, in that  
11 Respondent who had a doctor-patient relationship with patient I.S., misused this position of trust  
12 and became personally involved in an investment scheme wherein he took money from the  
13 patient. This constitutes unprofessional conduct.

### 14 **FOURTH CAUSE FOR DISCIPLINE**

#### 15 **(Incompetence)**

16 89. Respondent is subject to disciplinary action for incompetence under section 2234,  
17 subdivision (d). The circumstances are as follows:

18 90. Respondent was interviewed by Medical Board staff members regarding the treatment  
19 and care that he rendered to patients R.Z., I.S., M.K., E.M., and C.N. During that interview  
20 Respondent said and/or demonstrated the following, which demonstrate a lack of knowledge  
21 and/or skill in discharging professional medical obligations as a physician, amounting to  
22 incompetence:

23 1. Respondent stated that Toradol, a non-steroidal anti-inflammatory drug, is a central  
24 agonist;

25 2. Respondent stated that abdominal pains are caused by pancreatic and biliary disorders  
26 in more than 90% of the cases;

27 3. Respondent was unaware of the differences between Vicodin, Norco and Percocet.


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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 53993, issued to Armen Kazanchian, M.D.;
2. Revoking, suspending or denying approval of Armen Kazanchian, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;
3. Ordering Armen Kazanchian, M.D. to pay the Medical Board of California if placed on probation, the costs of probation monitoring;
4. Taking such other and further action as deemed necessary and proper."

DATED: September 18, 2014

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
Complainant

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